

FORMS FOR BID

FOR CONSTRUCTION ON STATE HIGHWAY IN MENDOCINO COUNTY AT VARIOUS LOCATIONS FROM 4.3 MILES NORTH OF BAECHTEL CREEK BRIDGE TO 0.1 MILE SOUTH OF CUMMINGS ROAD UNDERCROSSING

In District 01 On Route 101

Under

ications dated 2010
dated 2010

Applicable to

Electronic *Bid* book dated October 10, 2016
Identified by
Contract No. 01-402814
01-Men-101-50.1/84.6
Project ID 0114000126

Federal-Aid Project ACNH-Q101(309)E

DBE - COMMITMENT

DES-OE-0102.10D (REV 12/2014)

ADA Notice

CONTRACT NO:						
BID AMOUNT:						
\$						
BID OPENING DATE:						
BIDDER'S NAME:						
DBE GOAL FROM CONTR	ACT %:					
DBE PRIME CONTRACTO	R CERTIFICATION ¹ :	TOTAL NUMBER OF AL	L SUBCONTRACTS (DBE &	NON-DBE)	TOTAL VALUE OF ALL SUBCONTRAG	CTS (DBE & NON-DBE)
BID ITEM NO.	SERVICES TO BE S	ID DESCRIPTION OF UBCONTRACTED OR BE PROVIDED ²	WORK CATEGORY CODES ³	opened.	NAME OF DBEs st be certified on the date bids are Include Caltrans' certification no., DBE s, and phone number. Show 2nd and lower tier subcontractors)	AMOUNT (\$)
Show all DBE firms being each DBE shown stating shown for the specific an	that it will be participati				Total Claimed Participation	\$
The names of the 1st tier Subcontractor List (Pub (pe consistent with the		·	%
¹ Each DBE prime contra performed by DBEs, incli			ow all work to be		er acknowledges that it is comm own on this form to meet the cor	
² If 100% of an item is not the item to be performed		nished by the DBE, des	scribe the exact portion of			
³ Use Work Category Cod	des from the California	Unified Certification Pro	Sig	gnature of Bidder		
				Da	te (A	rea Code) Tel. No.
				Pe	rson to Contact (Ple	ase Type or Print)

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DBE CONFIRMATION

DES-OE-0102.13 (NEW 05/2015)

Contract no.:			
Name of DBE business:			
Name of DBE representative): -		
DBE certification number:			
Name of bidder:			
Name of prime contractor if of	different from the bidder:		
Name of representative of bi	dder or prime contractor:		
Date:			
Bid item number	Item of work and description of services to be subcontract	cted or materials to be provided ¹	Amount (\$)
¹ If 100% of an item is not to portion of the item to be per	be performed or furnished by the DBE, describe the exact formed or furnished.	Total	
		enterprise, I confirm that my busin prime contractor shown above reg the bidder is awarded the contract	dder or prime contractor to perform
		I certify under penalty of perjury th	at the foregoing is true and correct.
		Signature of DBE's authorized	representative:
		Printed name of DBE's author	zed representative:
		Title of DBE's authorized repre	esentative:
		Date:	_

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STATE OF CALIFORNIA •	DEDADTMENT OF	TOANIODODTATION
STATE OF CALIFORNIA	DEPARTMENT OF	TRANSPORTATION

DBE GOOD FAITH EFFORTS DOCUMENTATION

DES-OE-0102.11A (REV 12/2014)

Bidder's Name:	
Contract No.: _	
_	

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1. List items of work the Bidder made available to DBE firms. Identify items of work the Bidder might otherwise perform with its own forces, items that have been broken
down into economically feasible units to facilitate DBE participation, and items for which the Bidder has established flexible time frames for performance and delivery schedules in a
manner that encourages and facilitates DBE participation. For each item listed, show the dollar value and percentage of the total contract. The Bidder must demonstrate that
sufficient work to meet the goal was made available to DBE firms.

ltem of Work Offered, Services Offered, or Materials Supplied	Perforr	Normally ns Item s/No	Facilitate F	en Down to Participation s/No	for Performan Sche	xible Timeframes ce and Delivery edules s/No	Amount (\$)	Percentage of Total Bid
	YES	Пио	YES	Пио	YES	NO		
	YES	□ио	YES	Пио	YES	NO		
	YES	Пио	YES	Пио	YES	□ NO		
	YES	□ио	YES	Пио	YES	NO		
	YES	□ №	YES	Пио	YES	NO		
	YES	□ио	YES	Пио	YES	NO		
	YES	□ №	YES	Пио	YES	NO		
	YES	□ио	YES	Пио	YES	□ NO		
	YES	□ №	YES	Пио	YES	□ NO		
	YES	□ №	YES	Пио	YES	□ NO		
	YES	□ №	YES	□ №	YES	□ NO		
	YES	□ио	YES	Пио	YES	NO		
	YES	□ №	YES	Пио	YES	NO		
	YES	□ №	YES	Пио	YES	□ NO		
	YES	□ №	YES	□ №	YES	□ NO		
	YES	□ №	YES	□ №	YES	NO		
	YES	□ №	YES	Пио	YES	□ NO		
	YES	□ №	YES	□ №	YES	NO		
	YES	Пио	YES	Пио	YES	NO		
	YES	Пио	YES	Пио	YES	NO		

Bidder's Name	<u> </u>	
Contract No.: _		

DBE GOOD F	·AITH EFFOR	RTS DC	CUMENTATIO	ON	CONTRACT NO		
DES-OE-0102.11A (Page 2 of 3
					nclude the items of work offered and copies of solicitations, e-mail mes		
Name of DI	3E Solicited	Date of In	itial Solicitation	Items of	Work Offered	Follow Up Me	ethods and Dates
DBE, the DBEs that pro	ovided quotes, the price	quote for e		ference for each DBI	specific to the items of work being on Eifthe selected firm is not a DBE. I act.		
Items of Work	Provided Pla Specifications for W Yes/No		Name of Selected Firm	DBE or Non-DBE	Name of Rejected Firm	Quote (\$)	Price Difference (\$)
	YES [Ои					
	YES [ОИ					
	YES [] ио					
	YES [ОИ					
	YES []NO					
	YES []NO					
	YES] NO					
	YES [] NO					
	YES]NO					
f the firm selected for t			nanona for the calcution of	n a concrete chaet a	nd attach names, addresses, and p	hana numbara for tha	firms listed above

Bidder's Name:	
Contract No.:	

DBE GOOD FAITH EFFO DES-OE-0102.11A (REV 12/2014)	TO BOOMENTATION		Page 3 of 3					
4. Describe the Bidder's outreach efforts to identify and solicit the interest of all certified DBEs that have the capability to perform the work of the Contract. Provide copies of supporting documents.								
Description of Outreach	Dates	Location (if applicable)	Results					
	ide interested DBEs with adequate information s assisted, the type of information provided, and							
6. Describe the Bidder's efforts made to assis dates. Provide copies of supporting document	st interested DBEs in obtaining bonding, lines o its.	f credit, or insurance. Identify the DBEs assiste	d, the type of assistance offered, and the					
equipment the DBE purchases or leases from documents. List efforts made to assist interes	st interested DBEs in obtaining necessary equip per prime contractor or its affiliate. Identify the sted DBEs in obtaining bonding, lines of credit, ubcontractor purchases or leases from the prin	DBEs assisted, the type of assistance offered, insurance, necessary equipment, supplies, mat	and the dates. Provide copies of supporting erials, or related assistance or services,					
8. List the names of agencies and the dates of provide copies of supporting documents.	on which they were contacted to provide assista	nce in contacting, recruiting, and using DBE fir	ms. If the agencies were contacted in writing,					
9. Include additional data to support a demon	stration of good faith efforts.							
NOTE: USE ADDITIONAL SHEETS OF PAP	ER IF NECESSARY.							

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